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State of New Hampshire  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE OF THE COMMISSIONER  
25 Capitol Street – Room 120  
Concord, New Hampshire 03301

VICKI V. QUIRAM  
Commissioner  
(603)-271-3201

JOSEPH B. BOUCHARD  
Assistant Commissioner  
603)-271-3204

Bureau of Public Works  
Design and Construction  
Project No. 80747 – Contract D

May 23, 2015

Her Excellency, Governor Margaret Wood Hassan  
and the Honorable Council  
State House  
Concord, NH 03301

**REQUESTED ACTION**

1). Authorize the Bureau of Public Works Design and Construction to enter into a contract with Kevin W. Smith & Son, Inc. (VC# 226642) Gorham, NH,, for a total price not to exceed \$365,000, for the State House Annex Roof Replacement, Concord, N. H. This contract is effective upon Governor and Council approval through December 18, 2015, unless extended in accordance with the contract terms. **100% Capital - General Funds.**

2). Further authorize that a contingency in the amount of \$37,195 be approved for unanticipated damage expenses for the State House Annex Roof Replacement, bringing the total to \$381,435. **100% Capital - General Funds.**

3). Further authorize pursuant to 195:12, Laws of 2013, the amount of \$16,435 be approved for payment to the Department of Administrative Services, Bureau of Public Works Design and Construction (VC# 177875), Capital Clerk for oversight and engineering services provided, bringing the total to \$418,630. **100% Capital - General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-146030-12720000	State House Annex Roof Replacement	<u>FY 15</u>
	034-500162 - Repair/Renovations Bldgs.	\$365,000
	034-500162 - Contingency	37,195
	034-500162 - BPW Fees Interagency	<u>16,435</u>
	<b>Grand Total</b>	<b>\$418,630</b>

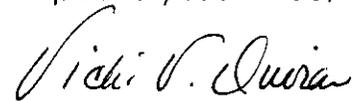
### **EXPLANATION**

Per Chapter 195:1, II, B, 5, Laws of 2013 for the State House Annex Roof Replacement, work includes the removal and replacement of membrane, flashing underlayment, insulation, lightweight concrete and all associated flashing. Work also includes replacement of deteriorated cap flashing on part of the parapet wall around the outside of the roof.

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Bureau of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Vicki V. Quiram  
Commissioner

Department Estimate:	\$350,000
Contract Amount:	<u>\$365,000</u>
Over Estimate:	\$ 15,000

CONTRACT SUPPLEMENTAL INFORMATION SHEET  
FOR STATE HOUSE ANNEX ROOF REPLACEMENT

PROJECT: BPW Project No. 80747, Contract D – State House Annex Roof Replacement – 25 Capital Street, Concord.

DESCRIPTION: Work of this project includes the removal and replacement of membrane, flashing underlayment, insulation, lightweight concrete and all associated flashing. Work also includes replacement of deteriorated cap flashing on part of the parapet wall around the outside of the roof.

EXPLANATION: The membrane roof on the State House Annex has exceeded its life expectancy. The membrane roof has been repaired multiple times and new leaks continue to develop.

JUSTIFICATIONS: During the pull test investigation for the new membrane roof it was discovered that a sandy material covered with lightweight concrete was used to create the slope for the roof. In order to put a new roof down this material must be removed down to the concrete deck and built back up with tapered insulation.

OVER ESTIMATE  
EXPLANATION: Within 5% of estimate

DEPARTMENT  
ESTIMATE: \$350,000  
LOW BID: \$365,000

**BIDDER SUMMARY**

PROJECT NAME: STATE HOUSE ANNEX ROOF REPLACEMENT NON-FEDERAL 80747-D  
PROJECT NUMBER: 80747-D  
COUNTY: MERRIMACK COUNTY 013  
BID OPENING DATE: 05/13/2015  
SCOPE OF WORK: REMOVAL AND REPLACEMENT OF MEMBRANE ROOF  
LOCATION: CONCORD, NH  
COMPLETION DATE: 10/09/2015

**BID RESULTS**

A KEVIN W SMITH & SON INC (B001) - PO BOX 151 GORHAM, ME 04038 \$ 365,000.00 ACCEPTED  
B ROCKWELL ROOFING, INC. - 44 POND STREET LEOMINSTER, MA 01453 \$ 487,615.00 ACCEPTED  
C SKYLINE ROOFING INC. - 861 PAGE STREET MANCHESTER, NH 03109 \$ 512,000.00 ACCEPTED

BUREAU OF PUBLIC WORKS

Award to A Bidder \$ 365,000  
 Hold for Negotiation  
 Cancel Contract  
User Agency DAS  
Authorized by MLJ  
Date 5/15/15

ITEM NO.	DESCRIPTION	UNIT	PS&E		A		
			QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PERFORM WORK AS IDENTIFIED IN SPECS AND DRAWINGS	EA	1.00	\$ 330,000.00	\$ 330,000.00	\$ 345,000.00	\$ 345,000.00
902.00	ALLOWANCE #1	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 350,000.00		\$ 365,000.00

ITEM NO.	DESCRIPTION	PS&E			B		
		UNIT	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
901.00	PERFORM WORK AS IDENTIFIED IN SPECS AND DRAWINGS	EA	1.00	\$ 330,000.00	\$ 330,000.00	\$ 467,615.00	\$ 467,615.00
902.00	ALLOWANCE #1	\$	20,000.00	\$ 1.00	\$ 20,000.00	\$ 1.00	\$ 20,000.00
					\$ 350,000.00		\$ 487,615.00

**ITEM**

**NO.**

**DESCRIPTION**

901.00 PERFORM WORK AS IDENTIFIED IN SPECS AND DRAWINGS  
902.00 ALLOWANCE #1

**UNIT**

EA  
\$

**QUANTITY**

1.00  
20,000.00

**UNIT PRICE**

\$ 330,000.00  
\$ 1.00

**TOTAL**

\$ 330,000.00  
\$ 20,000.00  
\$ 350,000.00

**PS&E**

**UNIT PRICE**

\$ 492,000.00  
\$ 1.00

**TOTAL**

\$ 492,000.00  
\$ 20,000.00  
\$ 512,000.00

**C**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758	<b>CONTACT NAME:</b> Brittani Sutter <b>PHONE (A/C, No, Ext):</b> (207) 429-9187 <b>FAX (A/C, No):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.sutter@fapeabody.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Kevin Smith & Son, Inc, DBA: Kevin Smith PO Box 151 Gorham ME 04038	<b>INSURER A:</b> Atain Specialty Insurance Company
	<b>INSURER B:</b> Frankenmuth Mutual Ins. Co. 13986
	<b>INSURER C:</b> Evanston Insurance Company
	<b>INSURER D:</b> Maine Employers Mutual 11149
	<b>INSURER E:</b> Progressive Insurance Company

**COVERAGES** CERTIFICATE NUMBER: CL1552216499 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	CIP209357	6/27/2014	6/27/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ Included
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	BA6267635 04389851-5	10/9/2014 10/09/2014	10/9/2015 10/09/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	XOBW5928815	5/22/2015	5/22/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	1810093666	4/15/2015	4/15/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The certificate holder is named as additional insured, when required by the written contract with respects to the General Liability, Auto Liability, Excess Liability.

Project Name: State House Annex Contract #80747D, 25 Capital Street, Concord, NH 04310

<b>CERTIFICATE HOLDER</b>  The State of New Hampshire The Commissioner & Dept of Administrative 7 Hazen Drive Concord, NH 03302	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE L Hutchinson CPIW/LIS <i>Lisa A. Hutchinson</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/27/2015

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> FA Peabody Company 8 Lincoln Street P.O. Box 570 Mars Hill ME 04758		<b>CONTACT NAME:</b> Brittani Switter <b>PHONE (A/C, No, Ext):</b> (207) 429-9187 <b>FAX (A/C, No):</b> (207) 429-8007 <b>E-MAIL ADDRESS:</b> brittani.switter@fapeabody.com	
<b>INSURED</b> The State of New Hampshire, Dept of Administrative Services, 7 Haven Drive Concord NH 03305 Kevin Smith & Son, Inc, DBA: Kevin Smith Po Box 151 Gorham Me 04038		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Evanston Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> Liberty Mutual Insurance Company <b>INSURER F:</b>	
		<b>NAIC #</b> 24198	

**COVERAGES** CERTIFICATE NUMBER: CL1552716544 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OCP GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CIP249688	5/22/2015	5/22/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Broadening Endorsement \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Installation Builders Risk-Special			TBA	5/22/2015	11/22/2015	Building Limit 365,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The certificate holder is named insured with respects to the Builders Risk as well as a loss payee on the Builders Risk. Project Name: State House Annex Contract #80747D, 25 Capital Street, Concord, NH 04310

<b>CERTIFICATE HOLDER</b> The State of New Hampshire The Commissioner & Dept of Administrative 7 Hazen Drive Concord, NH 03302	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> B Switter/BRITT <i>Brittani Switter</i>
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